

PRODUCER OF WASTE (Must be filled by producer)

Name ALCOA ~~ALCOA~~ [] [] [] [] [] []

(PRINT OR TYPE)

Pick up Address: 5151 ALCOA AVE LA CODE NO. [] [] [] [] [] []

(NUMBER) (STREET) (CITY)

Telephone Number: () P.O. or Contract No.:

Order Placed By: Date: 4/21/78

Type of Process ALUM. Foundry [] [] [] [] [] []

which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

CODE NO. [] [] [] [] [] []

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent	6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud	11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input checked="" type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine
<input type="checkbox"/> Other (Specify) _____		

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Concentration:		ppm
Upper	Lower	%		
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 40 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other SPECIFY

Containers: _____ ☐ drums ☐ cartons ☐ bags ☐ other SPECIFY
(NUMBER)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other SPECIFY

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

CODE NO.

Pick Up: 4/21/8 (DATE) Time: am
upm


State Liquid Waste Hauler's Registration No. (if applicable): 15


Job No.: No. of Loads or Trips: Unit No. 8

Vehicle: ☒ vacuum truck 40 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)		<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
Name (print or type): _____	CODE NO.	
Site Address: _____		
<p>The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.</p>		
Quantity measured at site (if applicable): _____ State fee (if any): _____		
Handling Method(s):		
<input type="checkbox"/> recovery		
<input type="checkbox"/> treatment (specify): _____		
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)		
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well		
<input type="checkbox"/> other (specify): _____		
If waste is held for disposal elsewhere specify final location: _____		
Disposal Date: <u>4-21-73</u>		
I certify (or declare) under penalty of perjury that the foregoing is true and correct.		
 _____ SIGNATURE OF AUTHORIZED AGENT AND TITLE		
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.		

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY